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BOX AMENDMENT – NO FEE
Washington, DC 20231

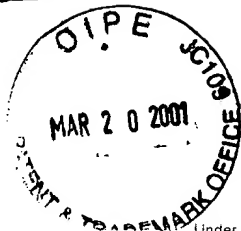
CERTIFICATE OF TRANSMISSION BY FACSIMILE

Applicant(s):	John F. Stone	Docket No.:	36435.0100
Serial No.:	09/498,135	Filed:	February 4, 2000
Title:	CHROMOSOME-BASED METHOD FOR FACILITATING DISEASE DIAGNOSIS	Examiner:	Enewold Goldberg, J.
		Group Art Unit:	1655

Date: March 14, 2001

I hereby certify that the enclosed Response and Amendment is being **transmitted via facsimile** pursuant to 37 C.F.R. §1.8 and 37 C.F.R.1.6(d), **to the attention of Attn: Examiner Jeanine A. Enewold Goldberg at Facsimile No. (703) 305-3014.**

By Allis Brown
Signature of person transmitting via facsimile



AF/1655

Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0851-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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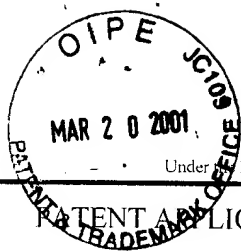
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/498,135	
	Filing Date	2/4/2000	
	First Named Inventor	STONE	
	Group Art Unit	1655	
	Examiner Name	Enewold Goldberg, J.	
Total Number of Pages in This Submission	8	Attorney Docket Number	36435.0100

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cynthia A. Pillote, Esq., Reg. No. 42,999 Snell & Wilmer, L.L.P.
Signature	
Date	3/14/2001

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: 3/14/2001			
Typed or printed name	Allis Brown		
Signature		Date	3/14/2001

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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 09/498,135			
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE	RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$ 355	OR	\$	
TOTAL CLAIMS (37 CFR 1.16(c))	17	minus 20 =	* -3		x \$ 3 =	-9	OR	x \$ =
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 =	* 0		x 40 =	0	OR	x =
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))					+ 0 =	0	OR	+ =
* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL	\$346	OR	TOTAL
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL ENTITY OR OTHER THAN SMALL ENTITY			
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	* 17	Minus	** 20 = 0	x \$ 9 =	0	OR	x \$ =
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3 = 0	x 40 =	0	OR	x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 0 =	0	OR	+ =
TOTAL ADDIT. FEE \$0					OR		TOTAL ADDIT. FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	* 16	Minus	** 20 = 0	x \$ 9 =	0	OR	x \$ =
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3 = 0	x 40 =	0	OR	x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 0 =	0	OR	+ =
TOTAL ADDIT. FEE \$0					OR		TOTAL ADDIT. FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI-TIONAL FEE	RATE	ADDI-TIONAL FEE
	Total (37 CFR 1.16(c))	* 16	Minus	** 20 = 0	x \$ 9 =	0	OR	x \$ =
	Independent (37 CFR 1.16(b))	* 3	Minus	*** 3 = 0	x 40 =	0	OR	x =
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ 0 =	0	OR	+ =
TOTAL ADDIT. FEE \$0					OR		TOTAL ADDIT. FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.								

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